

STRATEGIC PLAN

2016-2018

OUR VISION

Healthy People and Healthy Communities

OUR PURPOSE

To deliver innovative, locally relevant solutions that measurably improve the health outcomes of our communities

OUR VALUES

Respect – Innovation – Accountability
Integrity – Cooperation – Recognition

OUR PRINCIPLES

We will deliver better health outcomes that are efficient, effective, equitable and sustainable by:

1. having a whole of system focus that puts people and communities first
2. being responsive to the diversity of, and differences in, our communities and address health inequalities
3. helping people understand and care for their own health, and supporting them as partners in a better health system
4. supporting and being guided by GPs and other clinicians as leaders in a better health system
5. aiming for the best use of health resources, with locally relevant services that are high quality and cost-effective collaborating with others to enable and coordinate timely and appropriate health care, so that people can stay well in their communities

OUR BUSINESS FITNESS

We will:

- Focus organisational performance on Flagship Innovation, Local Relevance, Leading Delivery, and Strong Evaluation
- Underpin performance with agile, innovative, efficient, cost effective and robust internal administrative and governance functions
- Ensure that operations are underpinned by organisational values, clear team-based objectives, staff training and development, effective communication and leadership, and a positive team culture
- Utilise Community Advisory Committees and GP-led Clinical Councils that effectively enhance the performance and primary care engagement of the organization

OUR PERFORMANCE

FLAGSHIP INNOVATION	OUR TIMING
• Develop leading funding and care strategies to better support those with chronic disease risk factors or Mental illness (including Aboriginal people, young people or older people) to keep well in the community	Sep 2016
• Develop and implement a high impact hospital avoidance initiative	Mar 2016
• Develop and implement new initiatives to improve health outcomes and efficiency through electronic referrals and better sharing of health information	Mar 2016
• Utilise the diversity of the region to translate successful primary care strategies to metropolitan, regional or rural areas	Annual
• Implement an Innovation Hub and an Initiative Development strategy to stimulate innovation in Primary Care	Apr 2016
LOCAL RELEVANCE	OUR TIMING
• Be a leader in developing relevant assessments of health needs and outcomes for local areas that are utilized by agencies across the region	Annual
• Develop partnership, collaboration or alliance arrangements in Health Planning, Integrated Health Care, Aboriginal Health, Mental Health, After Hours and Drug and Alcohol Intervention	Sep 2016
• Develop co-investment and social impact proposals to maximise health investment in the region	Sep 2016
• Transparently communicate or present HNECC PHN activities, evaluations and performance to partners, stakeholders and communities	Annual
LEADING DELIVERY	OUR TIMING
• Provide benchmarked data analysis, supported change facilitation, workforce support and education to general practices, and support to Allied Health and nursing clinicians, to deliver improved models of care and high quality clinical outcomes	Mar 2016
• Be a leader in delivering clinically led high value localised multidisciplinary clinical pathways	Annual
• Test improved and targeted strategies to improve key health outcomes in communities, (including Aboriginal people, young people or older people)	2017
• Commission effective, responsive and integrated health care services, with measures including health outcomes, patient feedback, provider experience, and cost effectiveness	Jun 2016
• Provide communities with access to an accurate online directory of health services	Annual
• Provide communities with information to support better self-management of health and initiatives to better manage lifestyle risk factors	Annual
STRONG EVALUATION	OUR TIMING
• Measure and maximise performance against key indicators, including: <ul style="list-style-type: none"> o Breast, cervical and bowel cancer screening rates o Child and adult immunisation rates o Potentially preventable hospitalisations for selected priority conditions o Selected measures of Chronic Disease, Mental Health and Aboriginal Health, or other selected local measures 	Annual
• Evaluate selected commissioned services through high quality evaluation based on a Quadruple AIM methodology	Mar 2018
• Develop collaboration and partnership arrangements to support primary care research	Sep 2016